RBC Audit Data Entry Form

Institutional Questions (answer only once)

A. Hospital Name – will automatically appear upon log in

B. How many RBC units were transfused at your institution in 2012? [enter the number]____________

C. Does your institution have RBC transfusion guidelines? □Yes □No

D. Does your institution use pre-printed transfusion orders? □Yes □No

E. Does your institution use computerized physician order entry (CPOE) for transfusion orders? □Yes □No

E.a If yes, does the CPOE have transfusion decision support? □Yes □No

F. Is pre-transfusion hemoglobin (Hb) checked by the blood transfusion laboratory prior to issuing a RBC unit? □Yes □No

G. Are you currently running clinical trials looking at transfusion triggers? □Yes □No

Comment Box
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
RBC Manual Audit Sheet

For site records only- please enter all records electronically into RBC audit tool.

1. Patient Audit Code ____________________

2. Patient Sex: □ Male  □ Female

3. Patient birth month: _____ Patient birth year: _____

4. Transfusion order number (system generated): ______________

5. Transfusion order date:_____________ Order time:_____________

6. Number of RBC units ordered:_______

7. Number of RBC units transfused:_______

*If at least 1 RBC transfused, enter date of 1st RBC unit issued for this order:

Issue Date:_______________________ Issue Time:__________________

8. To what location was the RBC issued?

<table>
<thead>
<tr>
<th>□ Emergency</th>
<th>□ ICU (including CCU, CVICU, Neuro ICU)</th>
<th>□ Inpatient</th>
<th>□ Operating room (including recovery room)</th>
<th>□ Outpatient clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No units issued</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. What is the specialty of the Most Responsible Physician?

<table>
<thead>
<tr>
<th>□ Anesthesia</th>
<th>□ Cardiac surgery</th>
<th>□ Cardiology</th>
<th>□ Critical care medicine</th>
<th>□ Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ ENT</td>
<td>□ Family Medicine</td>
<td>□ Gastroenterology</td>
<td>□ General surgery</td>
<td>□ Gynecology surgery</td>
</tr>
<tr>
<td>□ Hematology</td>
<td>□ Internal Medicine</td>
<td>□ Neonatology</td>
<td>□ Nephrology</td>
<td>□ Obstetrics</td>
</tr>
<tr>
<td>□ Oncology</td>
<td>□ Orthopedic surgery</td>
<td>□ Pediatrics</td>
<td>□ Respirology</td>
<td>□ Urology</td>
</tr>
<tr>
<td>□ Vascular surgery</td>
<td>□ Not known</td>
<td>□ Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other ____________________________________________

10. Position of practitioner ordering the RBC transfusion?

<table>
<thead>
<tr>
<th>□ Nurse practitioner</th>
<th>□ Resident physician</th>
<th>□ Staff physician</th>
<th>□ Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Other ____________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. What is the specialty of the ordering practitioner?

Same as Most responsible physician □ Yes □ No (if no, please select specialty below)

☐ Anesthesia  ☐ Cardiac surgery  ☐ Cardiology  ☐ Critical care medicine  ☐ Emergency

☐ ENT  ☐ Family Medicine  ☐ Gastroenterology  ☐ General surgery  ☐ Gyneocology surgery

☐ Hematology  ☐ Internal Medicine  ☐ Neonatology  ☐ Nephrology  ☐ Obstetrics

☐ Oncology  ☐ Orthopedic surgery  ☐ Pediatrics  ☐ Respirology  ☐ Urology

☐ Vascular surgery  ☐ Not known  ☐ Other

Other____________________________________

12. Was a pre-transfusion hemoglobin done?

□ Yes- Results available (see a and b) □ No

a) What was date and time of hemoglobin? Date:_______________ Time:_______________

b) What was the hemoglobin result? __________________ g/L

13. Was a post transfusion hemoglobin done within one week?

□ Yes- Results available (see a and b) □ No

a) What was date and time of hemoglobin? Date:_______________ Time:_______________

b) What was the hemoglobin result? __________________ g/L

14. What was the admitting diagnosis?

☐ Cardiac  ☐ Cerebrovascular  ☐ Gastrointestinal  ☐ Hematologic-non malignant  ☐ Obstetric/Gynecologic

☐ Oncologic  ☐ Orthopedic  ☐ Renal/urologic  ☐ Respiratory  ☐ Trauma

☐ Not known  ☐ Other

Other ______________________________ (please write diagnosis)

List the reason for admission in the free text box. You may also list any comments on this transfusion order here, if necessary.
Questions 15 and 16 are optional for this audit. If the pre-transfusion Hb is 80g/L or higher, please review chart for answers to questions 15 and 16. If the pre-transfusion Hb is < 80g/L, please answer “not known” if clinical indication is not specified.

15. What was the clinical indication for the RBC transfusion? (check all that apply)

- Bleeding
- Low Hb without symptoms
- Post operative transfusion (within 48hrs after surgery)
- Preoperative transfusion (within 48hrs prior to surgery)
- Symptomatic anemia
- Not known
- Other ___________________________

If symptomatic, then check all that apply:

- Chest pain
- Fatigue/weak
- Hypotension
- Lightheadedness/dizzy
- Orthostatic hypotension
- Palpitations
- Shortness of breath
- Syncope
- Tachycardia
- Other ___________________________

If bleeding, select site of bleed?

- Nose
- Gums
- Brain
- Soft tissue (skin or muscle)
- Respiratory
- GI
- Urinary
- Vaginal
- Other ___________________________

If bleeding, did the hemoglobin drop more than 20g/L in the 24 hrs prior to issue of the 1st RBC unit?

- Yes
- No
- Not known

16. What comorbidities does the patient have? (check all that apply)

- Cardiac
- Cerebrovascular
- Chemotherapy/Radiotherapy
- Hematologic-non malignant
- Respiratory